National Institute of Communicable Diseases, the river Yamuna has become a fertile breeding ground for mosquitoes, threatening the outbreak of the dreaded Japanese Encephalitis; and

(b) if so, what is Government's reaction with regard thereto, stating the measures contemplated to check the outbreak of such a disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) According to studies carried out by the National Institute of Communicable Diseases (NICD), the revarine belt of Yamuna river is congenial for breeding of mos-quitos and vectors for Japanese Encephalitis. In view of limited population of pigs, the amplifier host, the chances of outbreak of Japanese Encephalitis are minimal. However, the Government of NCT of Delhi and Uttar Pradesh have undertaken steps to clear the vegetations, anti-larval operations including desilting and cleaning operations in the riverine belts of the Yamuna to eliminate breeding grounds of the vectors. In addition. Directorate of National Malaria Eradication Programme has been imparting training to entomologists of MCD and local authorities of U.P. Government who are fighting this menace in the Yamuna region.

Full-Blown Cases of AIDS

1740. DR. ALLADI P. RAJKUMAR: Will the PRIME MINISTER be pleased to state:

(a) whether some 3551 full-blown cases of AIDS have been reported in the country till the end of May, "1997 aver since the dreaded disease first struck in 1986;

(b) whether it is a fact that 89% of the AIDS patients were in the aconomically productive age group of 15 to 45%; and

(c) if so, the steps being taken to check the further spread of this disease . among the general population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (a) Yes, Sir.

(b) Yes, Sir.

(c) In order to prevant and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation as a centrally sponsored scheme throughout the country. The strategics of the programme consist of (i) Strengthening Programme Management capabilities at Central & State level, (ii) Creation of awareness amongst high risk behaviour group and general public about HIV/AIDS, (iii) Control of Sexually Transmitted Diseases, (iv) Ensure Blood Safety and rational use of Blood, (v) Strengthen the surveillance and Diagnosis & (vi) Clinical Management of HIV/AIDS cases.

Trauma Services in Hospitals

1741. DR. ALLADI P. RAJKUMAR: Will the PRIME MINISTER be pleased to state:

(a) whether adequate Trauma services are available in the leading hospitals in Delhi which had to be utilised during the unfortunate Uphaar Cinema tragedy, recently;

(b) if not, what efforts are being made to upgrade the facility; and

(c) the extant of Trauma services available in other big towns in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Most of the leading hospitals in Delhi have established emergency services which are catering to trauma and accident victims. Considering the population of the city and the need for specialised services, a project for setting up a Trauma Centre has been posed for possible external assistance. Govt, of National Capital Territory of Delhi have reported that they have also formulated a scheme for establishing

a Trauma Centre which is at the planning stage.

(c) Most large State hospitals have facilities for emergency and trauma care. The Chandigarh Administration, Hima-chal Pradesh, Manipur and Tamil Nadu have reported that facilities are available in their hospitals and health centres to extend immediate care to trauma victims.

Success of population control Measures

1742. DR. KARAN SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that population control measures, by and large, have not been successful in many States, except Tamil Nadu and Kerala;

(b) whether it is a fact that the present incentives are not enough to attract couples to adopt small family norm; and

(c) what additional steps Government would take to provide attractive incentives to the couples to adopt small family norm?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) For the country as a whole population indicators have shown notable improvement since 1951. Comparison of the 1951-61 decade and 1995 shows that the birth rate has declined from 41.7 to 28.3. infant mortality rate from 146 to 74, death rate from 22.8 to 9, fertility rate from 5.97 to 3.5 (1993). Family Welfare Programme is estimated to have averted 21.2 crore births so far. However, progress in individual States has been uneven. As per the latest information available, Kerala, Tamil Nadu and Goa have achieved the goal of Total Fertility Rate of 2.1. while Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh were having Total Fertility Rate of more than 4.0. in 1993. The States of Andhra Pradesh, Karnataka, Maharasth-ra and Himachal Pradesh had total Fertility Rate of less than 3.0 in the same year.

(b) and (c) In view of the ineffectiveness of individual incentives in the long run, the distortions they cause in the choice *oi* people and the astronimical sums of money that would be required for any meaningful incentive scheme, it is not proposed to provide any additonal individual incentives for adoption of the small family norm. However, it is planned to initiate a substantially large scheme of community incentive in the IX Plan , in adequate resources become available for it.

Implementation of Family Welfare Programme

1743. DR. B.B. DUTTA: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that, the Family Welfare Programme is being implemented all over the coutry on the basis of "Target Free Approach" and no targacts have been fixed in repsect of the four family planning methods;

(b) if so, the details thereof;

(c) the achievements made in regard to family planning during 1996-97 in relation to the corresponding period of last year; and

(d) the technical and financial assistance received from various international organisations for the family welfare programme during the last five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. National Family Welfare Programme is being implemented in the country on Target Free Approach w.e.f. 1st Appril, 1996. The system of setting centrally determined targets for family planning has been replaced by decentarlised participatory planning at the grass root level with emphasis on quality of services and quality of care.